

see, however, that this was not the pain of inflammation, but was rather neuralgic in its character. I also ascertained the fact that the uterus was lying over upon the bladder, which at once explained all the difficulty of which the patient had complained in regard to her water.

Now, what has caused the increase in the size of the uterus? The first thing that occurred to me was that it was a fibroid tumor, but in order that this diagnosis should be established, it was, of course, an essential point to exclude utero-gestation, for the condition of the hymen, of itself, is certainly by no means sufficient to do this. The hymen may be absolutely perfect, and yet pregnancy exist, and a number of such cases, which are entirely well authenticated, are on record. But here there was plenty of other negative evidence in regard to this point. The uterus, instead of giving the characteristic sensation of pregnancy to the fingers on palpation, was hard, like a billiard ball, and, in addition, all the mammary, gastric, vaginal and cervical signs of the condition were lacking. Since utero-gestation is to be excluded, therefore, let us inquire whether a fibroid of the uterus would offer us a satisfactory explanation of the symptoms which have formerly and now trouble the patient.

The more that we examine into the case, the more completely will we be convinced that a fibroid is the source of all the difficulty here. These tumors, as you know, constitute one of the most frequent of all the causes of both memorrhagia and metrorrhagia, and it is undoubtedly such a growth about the uterus that has given rise to the uterine hemorrhages from which this woman suffered for fourteen years. That during the last three years these have been gradually diminishing is, in all probability, due to the fact that she is now approaching the menopause. As to the trouble in regard to the bladder, we have already seen in exactly what manner that is produced.

We come now to consider the question, where is this fibroid located? On account of the pains which the examination gave the patient, I have been unable on the present occasion to determine whether it is sub-mucous, interstitial, or subperitoneal in character. The point could easily be ascertained, however, if she were to be etherized, the sound passed, and a more thorough exploration made. But so far as it would have any practical bearing upon the case, this would be an entirely unnecessary procedure; for even if I found out positively that the fibroid was in the cavity of the uterus, I would not think of actively interfering in such a case as this. It is always a dangerous operation to dilate the cervix and remove a uterine fibroid. Many operators have no doubt accomplished it with impunity; but a large number of others, just as careful in their manipulations, have encountered the most serious consequences in attempting it; so that we should always beware of

trusting too exclusively to our own individual experiences. Most of you are probably not aware, from personal experience what it is to have a bullet enter your bodies, but you are all sufficiently convinced, from that of others, that it is a dangerous matter. Out of a very large number of cases, I have myself lost two patients after the operation, in which it was absolutely necessary to remove uterine fibroids, on account of the extreme disturbance to which they were giving rise. In each instance septicæmia originated from the effect produced by the tent employed to dilate the cervix. You may, perhaps, do it twenty times in succession and not lose a patient or meet with any difficulty whatever, but yet there is always a certain amount of danger connected with the procedure. If the fibroid comes down within reach, however, it is a very different and a much simpler matter. Then you have only to seize it with the volsellum forceps, and enucleate it by means of the serrated scoop, which I have before shown you.

But, in the present instance, the indication, undoubtedly, is merely to let the patient alone, and I should certainly consider it criminal surgery to attempt to remove this fibroid, which is now doing her so little harm. Especially should such a course be reprehended, in view of the fact that she is really getting well of herself, because approaching that time of life when fibroids almost invariably cease to give rise to any trouble whatever. During the past four years, however, she has lost a very large amount of blood, and, consequently, she is still suffering from the effects of it, and needs building up. Then, as you know, there are certain drugs which have the effect of diminishing the blood supply of the uterus, and by far the most active of these is ergot. I should, therefore, recommend that this patient should take twenty drops of Squibb's fluid extract of ergot every night and morning, and that this medication should be kept up for an indefinite period; possibly for five years to come. There is no danger, as some might apprehend, of producing gangrene of the part by the long-continued use of ergot, for there is no instance on record, so far as I know, of the drug's giving rise to this effect when administered in medicinal doses. It is altogether possible that the ergot may cause such contractions of the uterus that, in time, the fibroid may be forced out into the vagina, if it is of the sub mucous variety.

As to the prognosis of this case, I am confident that the patient will never die of any trouble connected with this tumor, unless it should be in consequence of the unwise interference of some practitioner who does not appreciate the real state of affairs here. I have so often known the use of sponge tents to be followed by the most serious consequences that I have been much surprised to see in a late medical journal a long article from the pen of an eminent European authority, whose pur-